



ATTORNEYS AT LAW

FOLEY & LARDNER LLP

P.O. BOX 80278
SAN DIEGO, CALIFORNIA 92138-0278
TELEPHONE: 858.847.6700
FACSIMILE: 858.792.6773

WWW.FOLEY.COM

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Total # of Pages : 22 (including this page)

TO:	PHONE #:	FAX #:
United States Patent and Trademark Office Mail Stop Amendment Examiner C. Delacroix-Muirhead Art Unit: 1614		571-273-8300

From : Stephen E. Reiter *SR*

Email Address : sreiter@foley.com

Sender's Direct Dial : 858.847.6711

Date : December 8, 2005

Client/Matter No : (ABI1550-1) 071243-1404

User ID No : 1877

MESSAGE:

Re: US Patent Application No. 09/937,840
Our Ref.: (ABI1550-1) 071243-1404

Attached please find:

- Transmittal (3 pgs.); *Duplicate Copy Attached*
- Response (15 pgs.);

If there are any problems with this transmission or if you have not
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Operator:	Time Sent:	Return Original To: Vanessa E. Agha
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DI MR 278356 1

Atty. Dkt. No. ABI1550-1 (071243-1404)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**RECEIVED
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Applicant: Soon-Shiong and Desai

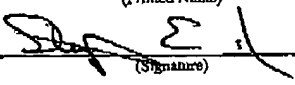
Title: LONG TERM
ADMINISTRATION OF
PHARMACOLOGICALLY
ACTIVE AGENTS

Appl. No.: 09/937,840

Filing Date: 1/28/2002

Examiner: C. Delacroix-Muirhead

Art Unit: 1614

CERTIFICATE OF FACSIMILE TRANSMISSION	
I hereby certify that this paper is being facsimile transmitted to the United States Patent and Trademark Office, Alexandria, Virginia on the date below.	
Stephen E. Reiter	
(Printed Name)	
	
(Signature)	
December 8, 2005	
(Date of Deposit)	

DEC 08 2005**AMENDMENT TRANSMITTAL**

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a previous assertion of Small Entity status.
- ☐ Assertion of Small Entity status is enclosed.
- ☒ The fee required for additional claims is calculated below:

	Claims As Amended		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
Total Claims:	46	-	21	=	25	x	\$50.00	=	\$1250.00
Independent Claims:	4	-	5	=	0	x	\$200.00	=	\$0.00

DLMR_278371.1

-1-

Atty. Dkt. No. ABI1550-1 (071243-1404)

First presentation of any Multiple Dependent Claims:	+	\$360.00	=	\$0.00
CLAIMS FEE TOTAL				= \$1250.00

☒ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input type="checkbox"/> Extension for response filed within the first month:	\$120.00	\$0.00
<input type="checkbox"/> Extension for response filed within the second month:	\$450.00	\$0.00
<input checked="" type="checkbox"/> Extension for response filed within the third month:	\$1,020.00	\$1,020.00
<input type="checkbox"/> Extension for response filed within the fourth month:	\$1,590.00	\$0.00
<input type="checkbox"/> Extension for response filed within the fifth month:	\$2,160.00	\$0.00
EXTENSION FEE TOTAL:		\$1,020.00
<input type="checkbox"/> Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$130.00	\$0.00
CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:		\$2,270.00
<input type="checkbox"/> Small Entity Fees Apply (subtract ½ of above):		\$0.00
TOTAL FEE:		\$2,270.00

☒ Please charge Deposit Account No. 50-0872 in the amount of \$2,270.00. A duplicate copy of this transmittal is enclosed.

☐ A check in the amount of \$2,270.00 is enclosed.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872. If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such

Atty. Dkt. No. ABI1550-1 (071243-1404)

extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to
Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address
indicated below.

Respectfully submitted,

Date 12/8/05By SEP E. 1

FOLEY & LARDNER LLP
Customer Number: 30542
Telephone: (858) 847-6711
Facsimile: (858) 792-6773

Stephen E. Reiter
Attorney for Applicant
Registration No. 31,192